

ONE HUNDRED EIGHTEENTH CONGRESS

**Congress of the United States**  
**House of Representatives**  
**COMMITTEE ON ENERGY AND COMMERCE**  
2125 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-6115

Majority (202) 225-3641  
Minority (202) 225-2927

February 22, 2023

Mr. Frederick Isasi, J.D., MPH  
Executive Director  
Families USA

Dear Mr. Isasi:

Thank you for appearing before the Subcommittee on Health on Wednesday, February 1, 2023, to testify at the hearing entitled "Lives Worth Living: Addressing the Fentanyl Crisis, Protecting Critical Lifelines, and Combatting Discrimination Against Those with Disabilities."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

To facilitate the printing of the hearing record, please respond to these questions by the close of business on Wednesday, March 8, 2023. Your responses should be mailed to Jolie Brochin, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C. 20515 and e-mailed in Word format to [Jolie.Brochin@mail.house.gov](mailto:Jolie.Brochin@mail.house.gov).

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,



Brett Guthrie  
Chair  
Subcommittee on Health

cc: Anna Eshoo, Ranking Member, Subcommittee on Health

## **Attachment 1—Additional Questions for the Record**

### **The Honorable Gus Bilirakis**

Mr. Isasi, the U.S. health care system is one that fosters pharmaceutical innovation and development that is leaps and bounds beyond any other global entity. The cures that come out of America benefit patients the world over. That being noted the use of QALYs has created ethical questions in nations like the UK.

- Do you believe it is ethical to ration treatments for patients based on subjective methodologies like the QALY?
- Is it reasonable to utilize an elongated QALY based review processes, like the Institute of Clinical and Economic Review (ICER) model or the National institute for Health and Care Excellence (NICE) model in the United Kingdom, which have been proven to have negative life shattering implications for patients?